

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043495

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 53

VS 300  
Rev. 4/59

10660

20190

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED DEC 4 1962**

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
a. COUNTY Miller  
b. CITY (If outside corporate limits, give TOWNSHIP only) Saline Township Length of stay in 1b  
c. FULL NAME OF DECEASED (If NOT in hospital, give address) My. 32 3 miles west of Eldon Inside Limits Yes ☐ No ☒

a. STATE Mo. b. COUNTY Cass c. CITY OR TOWN Garden City Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) Garden City, Mo. Reside on Farm Yes ☐ No ☒

3. **NAME OF DECEASED** (Type or print) First Oliver Middle Thomas Last Cross

4. **DATE OF DEATH** Month November Day 29 Year 1962

5. **SEX** male

6. **COLOR OR RACE** caucasian

7. **Married** ☒ **Never Married** ☐  
**Widowed** ☐ **Divorced** ☐

8. **DATE OF BIRTH** 10/27/23

9. **AGE** (last birthday) 39

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Truck Driver

10b. **KIND OF BUSINESS OR INDUSTRY** Std. Seal Coat

11. **BIRTHPLACE** (City and state or country) Kansas City, Mo.

12. **CITIZEN OF WHAT COUNTRY** U.S.A.

13a. **FATHER'S NAME** John H. Cross

13b. **MOTHER'S MAIDEN NAME** Hattie Simpson

14. **NAME OF HUSBAND OR WIFE** Louella Cross

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) yes W W II

17. **INFORMANT** Address Hattie Cross, Garden City, Mo.

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)  
PART I. **DEATH WAS CAUSED BY:**  
IMMEDIATE CAUSE (a) Mudullary Failure  
DUE TO (b) Spinal Cord Injury  
DUE TO (c) Cervical Fracture

**INTERVAL BETWEEN ONSET AND DEATH**  
Ten minutes.

PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. **WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

20a. **ACCIDENT** ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. **DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)  
In auto accident about two miles west of Eldon

20c. **TIME OF INJURY** Hour 10:15 Month, Day, Year 11-29-62

Missouri. Auto turned over several times landing on top.

20d. **INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. **PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Missouri Highway No. 52

20f. **CITY, TOWN, OR LOCATION** Eldon COUNTY Miller STATE Missouri

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at 10:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) L. S. Humphrey D.O. Gomer

22b. **ADDRESS** Tuscumbia, Missouri 22c. **DATE SIGNED** 12-3-62

23a. **BURIAL, CREMATION, REMOVAL** (Specify) burial

23b. **DATE** 12/2/62

23c. **NAME OF CEMETERY OR CREMATORY** Eldon

23d. **LOCATION** (City, town, or county) Eldon, Missouri (State)

24. **FUNERAL DIRECTOR** ADDRESS Phillips Funeral Home, Eldon, Mo.

25. **DATE RECD. BY LOCAL REG.** Dec. 3, 1962

26. **REGISTRAR'S SIGNATURE** Alvretta Walt

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Elelon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.